



OSSIUM HEALTH

SIGNIFICANT FINANCIAL INTEREST (SFI) DISCLOSURE FORM

This form is required to be completed by each Investigator pursuant to Ossium's Policy on Financial Conflicts of Interest in Public Health Service (PHS) Funded Research.¹

1. Name:

2. Contract or Proposal Number(s):

3. Company/Institution:

4. Project Name(s):

5. Choose which of the following you are submitting for review:
- Initial Disclosure Form (Submitted prior to time of application for PHS funded Research.)
 - Newly Acquired SFI (Submitted within 30 days of discovering or acquiring a new SFI during performance of a PHS funded Research award.)
 - Annual Update

6. Indicate whether you or your family have any SFIs *related to your institutional responsibilities* to be conducted under any PHS funded Research projects. **Your family includes your spouse and all dependent children.**

- No, we do not have any SFIs, as defined in the Policy, to disclose.
- Yes, we do have SFIs, as defined in the Policy, to disclose.

List all financial interests and attach any applicable project Statement of Work.

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

For each Reimbursed or Sponsored Travel Trip required to be disclosed by the Policy, list the following information:

Purpose: <input type="text"/>	Sponsor: <input type="text"/>
Destination: <input type="text"/>	Duration: <input type="text"/>

7. Indicate whether you have completed the Policy's required training prior to engaging in any PHS funded Research and within the last four years.
- Yes, I have completed the training and have attached appropriate supporting documentation.
 - No, I have not completed the training.

8. Electronic Certification

I certify that (1) the information given above is true to the best of my knowledge and (2) I have reviewed and shall comply with Ossium's Policy on Financial Conflicts of Interest in Public Health Service Funded Research.

Signature:

Date:

Please submit this form by email to instituteofficial@ossiumhealth.com